FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549 FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

<u>OMB APPROVA</u>

OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response...16.00

SEC Use Only							
Prefix	Serial	1					
DATE	RECEIV	/ED					

1218826	DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change Rising Data Solutions, LLC - Offering of Units)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Type of Filing: Amendment Rule 505	O6 Section 4(6) Se
A. BASIC IDENTIFICATION D	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change Rising Data Solutions, LLC	
Address of Executive Offices (Number of Street, City, State, Zip Code) 477 Tschiffely Square Road, Gaithersburg, MD 20878	Telephone number (including area code) (650) 303-5262
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone number (including area code)
Brief Description of Business: Call Center	RECD S.E.C.
	olease specify): 100 5 - 2003 limited liability company
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated PROCESSE State: JUN 06 2003
CN for Canada; FN for other foreign jurisdic	tion) DE THOMSON
GENERAL INSTRUCTIONS	FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501, et seq., or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate state will not result in loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated upon the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

SEC 1972 (2-97)



A. BASIC IDENTIFICATION DATA

 Each beneficial own 	ne issuer, if the issue ner having the powe cer and director of c	er has been organized within or to vote or dispose, or direct corporate issuers and of corporate	the past five years; t the vote or disposition of, 10 orate general and managing pa		
heck Box(es) that Apply:	□ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if i Iakalou, Sambou	individual)				
usiness or Residence Address 77 Tschiffely Square Road					
heck Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
ull Name (Last name first, if i Morsli, Karim	individual)				
dusiness or Residence Address 77 Tschiffely Square Road					
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
ull Name (Last name first, if sonsu, Kwame	individual)				
Business or Residence Address 77 Tschiffely Square Road					
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
ull Name (Last name first, if sender, Richard	individual)				
tusiness or Residence Address 77 Tschiffely Square Road				·	
heck Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, if Vilder, Henry	individual)				
Business or Residence Address 301 Tripp Road, Woodsid	•	et, City, State, Zip Code)			*····
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)		·····	
	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or

				B.	INFORM	ATION A	ABOUT (OFFERIN	IG			
				Answ	to non-accreder also in Ap	pendix, Colu	ımn 2, if fili	ng under UI	LOE.		Yes	No 🖾
	What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit?										Yes	No
						•					☒	
solicitati registere broker or	on of purcha d with the SI	sers in conne EC and/or wi may set forth	ection with s th a state or h the inform	ales of secu states, list th	o has been or rities in the o he name of th at broker or d	ffering. If a se broker or o	person to be	e listed is an	associated p	erson or agei	nt of a broke	er or dealer
	io (Sust muni	O 11150, 11 1110										
Business	or Residenc	e Address (N	Number and	Street, City,	State, Zip Co	ode)					·	
Name of	Associated 1	Broker or De	aler				,					
					Solicit Purch						·	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last nam	e first, if indi	ividual)									
Business	or Residence	e Address (N	Number and	Street, City,	State, Zip C	ode)					· · · · · ·	
Name of	Associated 1	Broker or De	aler							<u> </u>		
					Solicit Purch							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last nam	e first, if ind	ividual)		· · · · · · · · · · · · · · · · · · ·						<u>.</u>	
Business	or Residenc	e Address (N	Number and	Street, City,	State, Zip C	ode)	<u> </u>					
					•							
Name of	Associated]	Broker or De	ealer									
					Solicit Purch							433.0
,			k individual [AR]	[CA]	[CO]	[CT]			man 1			All States
[AL]	[AK] [I N]	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
ו דוו	1111	[174]	լույյ	[17.1]	[LAN]	[TATE]	[LVLL]	[1ATAT]	[TATT]	[ATTA1]	[1419]	[DM]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES, AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of t exchanged.	he securities offe		xchange a	nd already
	Type of Security	Aggregate Offering Price	e		it Already old
	Debt.	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants).	\$	0	\$	0
	Partnership Interests.	\$	<u>0</u> :	\$	0
	Other (LLC interests).	\$ <u>160</u>	,300	\$	160,300
	Total	\$ <u>160</u>	,300	\$	160,300
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."			Aggr	egate
		Number of Investors	•	Dollar	Amount chases
	Accredited Investors.	3		\$	160,300
	Non-accredited Investors.	0_		\$	0
	Total (for filings under Rule 504 only).			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
		Type of			Amount
	Type of Offering	Security		S	old
	Rule 505	0		\$	
	Regulation A	0		\$	
	Rule 504	0		\$	
	Total	0		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities this offering. Exclude amounts relating solely to organization expenses of the issuer. The informati given as subject to future contingencies. If the amount of an expenditures is not known, furnish an e and check the box to the left of the estimate.	on may be			
	Transfer Agent's Fees.	•••••	\boxtimes	\$	0
	Printing and Engraving Costs	•••••	\boxtimes	\$	0
	Legal Fees.	•••••	\boxtimes	\$	5,000
	Accounting Fees.			\$	0
	Engineering Fees.			\$	0
	Sales Commission (specify finders' fees separately)			\$	0
,	Other Expenses		\boxtimes	\$	0
	Total		×	\$	5,000

	b. Enter the difference between the agg and total expenses furnished in responses proceeds to the issuer."							
5.	each of the purposes shown. If the amoun	gross proceeds to the issuer used or proposed to be use t for any purpose is not known, furnish an estimate and The total of payments listed must equal the adjusted gro to Part C - Ouestion 4.b. above.						
	,			Paymer Offic Directo Affilia	ers, rs &	•	ents To	
	Salaries and fees		. 🗆	\$	0	□ \$_	C	
	Purchase of real estate		\$	0	□ \$_			
	Purchase, rental, or leasing and installation		\$	0	□ \$_	(
	Construction or leasing of plant buildings		\$	0	□ \$_	(
	Acquisition of other businesses (including offering that may be used in exchange for	the value of securities involved in this						
	pursuant to a merger)	Ò	\$	0	□ \$_			
	Repayment of indebtedness			\$	0	□ \$_		
	Working capital		\$	0	፟ \$_	155,30		
			_ 🗆	\$	0	□ \$_		
		· · · · · · · · · · · · · · · · · · ·	- - 🗆	\$	0	□ \$_		
	Column Totals		. 🛛	\$	0	⊠ \$_	155,30	
	Total Payments Listed (column totals add	ed)		٥	\$ <u>155</u>	,300		
**	· · ·	D. FEDERAL SIGNATURE						
					·	·		
ons		ned by the undersigned duly authorized person. If this is to the U. S. Securities and Exchange Commission, unit to paragraph (b)(2) of Rule 502.						
	r (print or type) ng Data Solutions, LLC	Signature . K. Mo	284°	-	Date June 2,	2003		
lam	e of Signer (print or type)	Title of Signer (print or type)				·- <u>-</u>		
Zar	m Morsli	Chief Information Officer		1				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION_____

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.252(c), provisions of such rule?	Yes No □ ⊠	
		See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to 239.500) at such time as required by state law	furnish to any state administrators of any state in which this not	cice is filed, a notice on Form D (17 CFR
3.	The undersigned issuer hereby undertakes to	furnish to the state administrators, upon written request, inform	ation furnished by the issuer to offerees.
4.		uer is familiar with the conditions that must be satisfied to be en notice is filed and understands that the issuer claiming the avail atisfied.	
	e issuer has read this information and knows the sons.	contents to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly authorize
Issi	uer (print or type)	Signature	Date
Ri	sing Data Solutions, LLC	A. K. Morsi	June 2, 2003
Na	me of Signer (print or type)	Title of Signer (print or type)	

Chief Information Officer

Instruction:

Karim Morsli

Print the name and title of the signing representative under this signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3		5				
	to non- investo	nd to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
,				Number of Accredited		Number of Non-Accredited			
State AL	Yes	No	\$160,300 in Units	Investors	Amount	Investors	Amount	Yes	No_
AK									
AZ			-						
AR		1			1			 	
CA		X	Х	3	\$160,300				·X
со									
СТ		·							,
DE									
DC									
FL									
GA									
HI	 -								
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MA							1		
MI			·						
MN									
MS									
МО									

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
			Type of security and aggregate offering price offered in state (Part C-Item 1)						
	1	,		Number of Accredited		Number of Non-Accredited			
State MT	Yes	No	\$160,300 in Units	Investors	Amount	Investors	Amount	Yes	No
NE									
NV	1								
NH									
NJ									
NM									
NY									
NC							-		
ND							i		-
ОН									
ОК	<u></u>								
OR									
PA									
RI									
SC				·		<u> </u>			
SD									
TN				·					
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UT		<u>.</u>							
VT		-							
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VA								1	
WA				,			 		
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WI									
WY									
PR									
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